



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258



DASG-HCA

26 December 2002

MEMORANDUM FOR

CHIEF OF STAFF, U.S. AIR FORCE, ATTN: AIR FORCE MEDICAL OPERATIONS
AGENCY (LTC WOODWARD), 110 LUKE AVENUE, ROOM 405, BOLLING AIR
FORCE BASE, WASHINGTON, DC 20332-7050

COMMANDANT, U.S. COAST GUARD, ATTN: G-WK (CAPT TEDESCO), 2100
SECOND STREET, S.W., WASHINGTON, DC 20593-0001

COMMANDANT, U.S. MARINE CORPS (CODE HS), ATTN: CAPT SCHOR, 2 NAVY
ANNEX, ROOM 1116, WASHINGTON, DC 20380-1775

CHIEF OF NAVAL OPERATIONS (N931), ATTN: LCDR QUIVERS, 2000 NAVY
PENTAGON 20350-2000

SUBJECT: Preparing to Defend Against Smallpox

1. References.

- a. Department of Defense (DoD) Smallpox Response Plan (U), 29 Sep 02.
- b. Memorandum (U), Deputy Secretary of Defense, 30 Sep 02, subject: Department of Defense Smallpox Response Plan.
- c. Memorandum (U), Assistant Secretary of Defense (Health Affairs), 26 Nov 02, subject: Clinical Policy for the DoD Smallpox Vaccination Program (SVP).
- d. Memorandum (S), Deputy Secretary of Defense, 12 Dec 02, subject: (U) Stage 2 Smallpox Vaccination Implementation.
- e. Memorandum (U), Under Secretary of Defense (Personnel and Readiness), 13 Dec 02, subject: Policy on Administrative Issues Related to Smallpox Vaccination Program (SVP).
- f. Memorandum (S), Under Secretary of Defense (Personnel and Readiness), 13 Dec 02, subject: (U) Department of Defense Smallpox Vaccination Program.

2. At the request of the Armed Services, this memorandum provides further guidance to implement the DoD Smallpox Response Plan and organize and train to implement the SVP in military personnel. Guidance to implement the SVP in DoD civilian and civilian contract personnel will be published separately after consultation with unions with national consultation rights in accordance with (IAW) 5 USC 7113.

3. The President announced the Nation's smallpox vaccination plan, including the DoD Smallpox Vaccination Program (SVP), on 13 Dec 02. All unclassified DoD SVP policies to date are on the DoD website, www.smallpox.army.mil. In support of the President's national smallpox preparedness initiative, DoD has tailored an SVP to the unique requirements of the Armed Services. DoD will implement the SVP in the following stages:

a. Stage 1a: Smallpox Response Teams. In this stage, DoD will vaccinate primarily medical response teams IAW Refs 1.a. and b. The Armed Services previously identified these teams and their members to the Assistant Secretary of Defense (Health Affairs). Vaccinations of these teams began 16 Dec 02. This office anticipates Stage 1a vaccinations to be completed o/a 17 Jan 03.

b. Stage 1b: This stage includes the vaccination of selected DoD healthcare workers at most installations, especially those with inpatient capabilities. This will give DoD the capability to respond to a smallpox attack IAW Ref a. These vaccinations should begin by 3 Jan 03, as soon as the Armed Services and their Medical Treatment Facilities' (MTF) healthcare providers are trained to administer smallpox vaccinations, are prepared to educate vaccinees, and have the vaccine and equipment to administer the vaccine. This office anticipates Stage 1b vaccinations to be completed o/a 31 Jan 03. Further guidance for vaccination of healthcare workers during Stage 1b is in paragraph 4.

c. Stage 2: Vaccinations will be given to other designated forces having critical mission capabilities, including those forces essential to accomplishing the U.S. Central Command's mission. This office anticipates these vaccinations beginning initially to servicemembers already deployed in the CENTCOM AOR, then worldwide to other U.S. military forces.

4. Vaccination of Healthcare Workers, Stage 1b. DoD must emphasize protection of healthcare workers in our hospitals and large clinics who would first care for smallpox patients and contain a smallpox outbreak. We recommend personnel likely to have face-to-face contact while caring for the first contagious smallpox patients receive the highest priority for initial vaccination efforts. We also recommend the Armed Services vaccinate those who would first assist with local epidemiologic investigations or delivering vaccinations to potentially infectious people following a smallpox attack.

a. Medical Care in Hospitals. We recommend military MTFs identify members to form a Smallpox Health Care Team, to provide round-the-clock patient care for five

smallpox patients for up to 7 days. Specifically, the pre-designated Stage 1b staff should include all those with potential contact with the smallpox patient, laboratory specimens, and materials that have been in contact with a smallpox patient. Personnel should include the following: professional, ancillary, and administrative support personnel who provide care in the emergency department and medical intensive care units; infectious-disease and infection-control staff; respiratory therapists; and radiology technicians. Laboratory workers who would process smallpox specimens within the Laboratory Response Network should also receive pre-outbreak smallpox vaccinations. We estimate the total number of personnel vaccinated per MTF for this purpose to be approximately 100 personnel.

b. Medical Care in Ambulatory Clinics.

(1) Some large DoD installations do not provide inpatient services on-installation. These MTFs should coordinate with local civilian hospitals that provide inpatient care for their beneficiary populations to ensure the best local smallpox-response capability. MTF Commanders at these installations should prepare plans to observe small numbers of possible smallpox-infected persons showing fever, but no rash, in temporary holding facilities, "X-Type" facilities, defined in the DoD Smallpox Response Plan. Ambulatory clinics with more than 50 healthcare workers on staff, who could provide round-the-clock observation for a small number of these uncertain-status, febrile patients for a few days, will identify and vaccinate pre-designated staff to provide observation-holding capability.

(2) Clinics with fewer than 50 healthcare workers may not be required to provide the capability described in paragraph 4.b.(1), i.e. round-the-clock observation-holding. However, these smaller clinics should identify and vaccinate enough staff to support outpatient vaccinations of forces in the SVP, including mass immunization post-smallpox attack.

c. MTF Commanders will develop lists of healthcare workers for Stage 1b vaccination from these categories, based on their staff mix, typical workload and clientele, and proximity to other supporting healthcare facilities.

d. The Armed Services may determine vaccination of additional personnel assigned to field medical units prudent during Stage 1b to augment installation smallpox response capabilities, normally associated with fixed MTFs. The intent is to vaccinate the minimum healthcare workers during Stage 1b that an installation commander determines are critical to meet the installation smallpox response capabilities described in paragraphs 4.a. and b. Otherwise, designated field medical units will be vaccinated during Stage 2.

e. Installation MTF Commanders should form a Smallpox Public Health Team for vaccination in Stage 1b. The MTF Commander should identify and vaccinate preventive-medicine and public-health personnel who would trace contacts of smallpox

cases in an outbreak, and immunization-clinic staff who would vaccinate thousands of people immediately after recognition of a smallpox attack.

f. Designated military personnel, emergency-essential civilians, and mission-essential contractors identified for Stage 1b vaccination will be required to be vaccinated against smallpox with FDA-licensed vaccine, unless medically or administratively exempted. Other civilian employees and civilian contract personnel identified for Stage 1b vaccination should be offered and encouraged to receive FDA-licensed smallpox vaccine, unless medically contraindicated.

5. Training. As the DoD prepares its defenses against smallpox, the Armed Services must ensure that their healthcare providers are prepared to recognize a case of clinical smallpox, respond according to the DoD Smallpox Response Plan, vaccinate groups of healthcare teams and others before an outbreak, and be prepared to vaccinate thousands to tens of thousands quickly after an outbreak. Providers in our healthcare system must be ready to explain the characteristics of smallpox vaccine to service members, patients, family members, and other beneficiaries. The Army is implementing the following SVP training, and offers this model as recommendations for implementation among the other Armed Services.

a. Direct smallpox training of healthcare providers within your Service with an intensity sufficient to support delivery, per installation, of hundreds of vaccinations per week NLT 3 Jan 03 (supporting Stage 1b implementation) and thousands of vaccinations per week NLT 15 Jan 03 (supporting full Stage 2 implementation). Additionally, installations must be prepared to deliver vaccinations to potentially tens of thousands exposed immediately following a post-smallpox attack situation. Therefore, direct training to support delivery of tens of thousands of vaccinations per week per installation NLT 1 Feb 03.

b. Specifically, the Services may take advantage of the 24 hours of digital lectures recorded and available for training at the DoD website, www.smallpox.army.mil. These lectures are grouped in four modules: core module, epidemiologic-investigation module, advanced vaccination module, and investigational new drugs. Each presentation within modules can be viewed individually.

c. The web-based training further defines training standards for three categories of healthcare providers who will implement the SVP locally. Within this training tool, participants register and specify their levels of expertise. They then view a menu of videotaped presentations. Required training and optional training for each provider level are displayed. MTFs may use this web-based tool for their personnel to train on-line, or download the presentations and perform classroom-style training. We defined three categories of healthcare providers involved in local SVP implementation:

(1) Medical Director. Serves as the subject-matter expert for the installation commander, usually working for the MTF Commander. The Medical Director is

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responsible to the MTF Commander for local execution of the SVP, training of Clinical Consultants and Vaccination Supervisors, and training verification and training documentation of all personnel.

(2) Clinical Consultants and Vaccination Supervisors.

(a) Clinical consultants will typically be physicians, physician assistants or nurse practitioners who provide clinical services. Clinical consultants will review screening forms before vaccination and either authorize vaccination, grant exemption from vaccination, or refer vaccine candidates for further evaluation. Clinical consultants may provide classroom education of vaccinees before vaccination.

(b) Vaccination supervisors will typically be registered nurses or physician assistants. Vaccination supervisors train and document training of vaccinators and provide direct on-site supervision of vaccinations and vaccination-clinic operations. This may include providing classroom education of vaccinees before vaccination. Vaccination supervisors ensure all vaccinees complete the pre-smallpox vaccination screening form.

(3) Vaccinators. Vaccinators administer vaccinations, provide post-vaccination instructions, and assist vaccinees in obtaining additional information.

d. The Armed Services may adopt the SVP training standards and tools on this web-based training, or develop their own. My office stands ready to assist you in this task by customizing the web-based training specific to your Service, or leveraging our website or other resources specific to your needs.

6. My points of contact to assist you are LTC John Grabenstein, MAJ Eric Sones, or your Service's AVIP Agency Analyst, (703) 681-5101, DSN 761-5101.



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